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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/053,611
Filing Date	January 24, 2002
First Named Inventor	Kornelia Polyak
Group Art Unit	1637
Examiner Name	C. Wilder
Total Number of Pages in This Submission	Attorney Docket Number
	001107.00224

FEB 10 2003

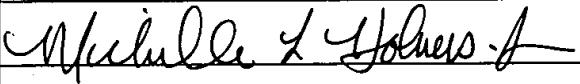
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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michelle L. Holmes-Son, Reg. No. 47,660
Signature	
Date	February 6, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name		Date
Signature		

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 609)

Complete If Known	
Application Number	10/053,611
Filing Date	January 24, 2002
First Named Inventor	Kornelia Polya
Examiner Name	C. Wilder
Art Unit	1637
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METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																																																																																																																																																																																						
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, Ltd.					3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> </tr> <tr> <td>1051</td> <td>130</td> </tr> <tr> <td>1052</td> <td>50</td> </tr> <tr> <td>1053</td> <td>130</td> </tr> <tr> <td>1812</td> <td>2,520</td> </tr> <tr> <td>1804</td> <td>920*</td> </tr> <tr> <td>1805</td> <td>1,840*</td> </tr> <tr> <td>1251</td> <td>110</td> </tr> <tr> <td>1252</td> <td>410</td> </tr> <tr> <td>1253</td> <td>930</td> </tr> <tr> <td>1254</td> <td>1,450</td> </tr> <tr> <td>1255</td> <td>1,970</td> </tr> <tr> <td>1401</td> <td>320</td> </tr> <tr> <td>1402</td> <td>320</td> </tr> <tr> <td>1403</td> <td>280</td> </tr> <tr> <td>1451</td> <td>1,510</td> </tr> <tr> <td>1452</td> <td>110</td> </tr> <tr> <td>1453</td> <td>1,300</td> </tr> <tr> <td>1501</td> <td>1,300</td> </tr> <tr> <td>1502</td> <td>470</td> </tr> <tr> <td>1503</td> <td>630</td> </tr> <tr> <td>1460</td> <td>130</td> </tr> <tr> <td>1807</td> <td>50</td> </tr> <tr> <td>1806</td> <td>180</td> </tr> <tr> <td>8021</td> <td>40</td> </tr> <tr> <td>1809</td> <td>750</td> </tr> <tr> <td>1810</td> <td>750</td> </tr> <tr> <td>1801</td> <td>750</td> </tr> <tr> <td>1802</td> <td>900</td> </tr> <tr> <td>SUBTOTAL (1)</td> <td>(\$ 0)</td> </tr> <tr> <td>2. EXTRA CLAIM FEES</td> <td></td> </tr> <tr> <td>Total Claims</td> <td>36</td> <td>-20 **</td> <td>= 16</td> <td>X 9</td> <td>= 144</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Independent Claims</td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Large Entity</td> <td>Small Entity</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SUBTOTAL (2)</td> <td>(\$ 144)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="10">Other fee (specify) _____</td> </tr> <tr> <td colspan="5">*Reduced by Basic Filing Fee Paid</td> <td colspan="5">SUBTOTAL (3) (\$ 465)</td> </tr> </tbody> </table>					Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	1051	130	1052	50	1053	130	1812	2,520	1804	920*	1805	1,840*	1251	110	1252	410	1253	930	1254	1,450	1255	1,970	1401	320	1402	320	1403	280	1451	1,510	1452	110	1453	1,300	1501	1,300	1502	470	1503	630	1460	130	1807	50	1806	180	8021	40	1809	750	1810	750	1801	750	1802	900	SUBTOTAL (1)	(\$ 0)	2. EXTRA CLAIM FEES		Total Claims	36	-20 **	= 16	X 9	= 144					Independent Claims			0			0				Multiple Dependent				X		0				Large Entity	Small Entity									Fee Code (\$)	Fee Code (\$)									1202	18	2202	9	Claims in excess of 20						1201	84	2201	42	Independent claims in excess of 3						1203	280	2203	140	Multiple dependent claim, if not paid						1204	84	2204	42	** Reissue independent claims over original patent						1205	18	2205	9	** Reissue claims in excess of 20 and over original patent						SUBTOTAL (2)	(\$ 144)									Other fee (specify) _____										*Reduced by Basic Filing Fee Paid					SUBTOTAL (3) (\$ 465)				
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** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Michelle L. Holmes-Son	Registration No. Attorney/Agent)	47,680	Telephone	(202) 508-9100	
Signature	<i>Michelle L. Holmes-Son</i>			Date	February 6, 2003	

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231